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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

810

## Complete if Known

Application Number	10/849,574
Filing Date	May 18, 2004
First Named Inventor	Edward Almond
Examiner Name	Schell, Laura C.
Art Unit	3767
Attorney Docket No.	3215-GB-US-C1

## METHOD OF PAYMENT (check all that apply)

 Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

 Deposit Account: Deposit Account Number: 01-2215   Deposit Account Name: Applied Medical Resources

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	.....
Design	220	110	100	50	140	70	.....
Plant	220	110	330	165	170	85	.....
Reissue	330	165	540	270	650	325	.....
Provisional	220	110	0	0	0	0	.....

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
52	26
220	110
390	195

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	20	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
14	- 20 or HP =	0	x 52	= 0	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	3	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
1	- 3 or HP =	0	x 220	= 0	Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)Other (e.g., late filing surcharge), Request for Continued Examination (RCE) 810

## SUBMITTED BY

Signature	JFH/	Registration No. (Attorney/Agent) 53,008	Telephone 949-713-8263
Name (Print/Type)	John F. Heal		Date December 11, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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